

Proposal No. 2022M-011EN-001

<b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 03/02/2022
<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p> <p><b>IMPORTANT:</b> If the certificate holder is an <b>ADDITIONAL INSURED</b>, the policy(ies) must have <b>ADDITIONAL INSURED</b> provisions or be endorsed. If <b>SUBROGATION IS WAIVED</b>, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p>		
<b>PRODUCER</b> CMR Risk & Insurance Services License #0E59700 110 WA Street, Ste. 725 San Diego CA 92101	<b>CONTACT NAME:</b> Susan Sgroi <b>PHONE (AC, RA, Ext):</b> (619) 297-3160 <b>FAX (AC, RA):</b> (619) 297-3111 <b>E-MAIL:</b> ssgroi@cmris.com <b>ADDRESS:</b>	
<b>INSURER AFFORDING COVERAGE</b>		<b>NAIC #</b>
INSURER A: Star Indemnity & Liability Company		38518
INSURER B: Allied World Indian Harbor		1948408640
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		
<b>INSURED</b> KC Whiskey River, LLC 853 Camino Del Mar Suite 200 Del Mar CA 92014		
<b>COVERAGES</b> <b>CERTIFICATE NUMBER:</b> CL21100021020 <b>REVISION NUMBER:</b>		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.		
<b>TYPE</b>	<b>TYPE OF INSURANCE</b>	<b>LIMITS</b>
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> INCLUDES LIQUOR LIABILITY <input checked="" type="checkbox"/> SO Deck/able GEN/AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	EACH OCCURRENCE \$ 1,000,000 PRODUCTS (Per occurrence) \$ 300,000 MED EXP (Per one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COAH/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROVISIONS/TERMS/EXCLUSIONS OF WORKERS COMP. ENCL. LISTED (If mandatory in WA) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> THIS STATE <input type="checkbox"/> OTHER ST E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - SA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
DESCRIPTION OF OPERATIONS (LOCATIONS / WORKSITES) (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Location: 111 Broadway, Suites 1900 & 400PH, Nashville, TN 37201 Continuation of certificate holder: Metro Legal & Claims c/o Insurance and Safety Division Certificate Holder is provided with additional insured status per attached form. Waiver of subrogation and primary and non-contributory applies per terms and conditions of Form CG 24 04 05 09, PC 115 (03/09) and WC 00 03 13.		
<b>CERTIFICATE HOLDER</b>		<b>CANCELLATION</b>
The Metropolitan Government of Nashville and Davidson County et al. (see above) 222 3rd Ave, North, Suite 501 Nashville TN 37201-0300		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 